regulation and high taxes) are not recognized as the modern equivalent of classic socialist criticism. Euphemistic concepts to a future utopian society abound. The doctrine of "absolute liability" regardless of circumstances ("Somebody is injured, therefore somebody must pay")[1] governs our legal system and throws a very disturbing gloom over present day medical care. Political intervention is increasing and also the excesses of the environmentalists; the latter, both the natural beauty and clean air exponents and the carcinogen sleuths, are beginning to look somewhat ridiculous. Crime, violence, bombings, lawlessness and alcoholism become increasingly serious and the connection to lack of proper upbringing escapes us.

We live in a snarling era and the pretended "right" to this or that has become a national ethic. Personal responsibility is considered an aberration from the social norm. There is hardly a reminder of the obligation to provide for oneself and to limit aid to the truly weak, disabled and infirm. The well-to-do and the rich are lumped together with the needy and poor in such social programs as Medicare. The practice of monetary restraint and fiscal prudence is forgotten.

Policies and goals are not set by us but for us. We hear constantly that we are "living in a world of change." The progressives (liberals) are people "looking to the future" and "the future, as with all who try to protect themselves with this phrase, is their subjective feeling about the way things ought to go."[2] Just as the older philosophy had been defamed,[3] just as the older education, religion, economics and judicial system are defamed, just as history is denigrated,[4] the work of undermining our outlook and goals is proceeding and is mainly the work of those bent upon melioristic regimentation in the United States.

We are surrounded by topsy-turvy thinking. It isn't the people basically who are at fault, but the intellectual leadership. There is an unmistakable symptom of the "liberal syndrome": faulting society, not the individual, with her shady past.[5] It is time someone competent and knowledgeable, a philosopher perhaps (certainly not a psychiatrist), ponders the rise and the penetrating significance of our present generation of intellectual leaders who doubt the judgment and acts of former generations.

The pervasive influence of liberalism, however, is beginning to wane. The public is beginning to clamor for a halt to departures from our traditional concepts of social values and the proper role of government. The word "deregulation" is being voiced more frequently and widely. Moreover, it is astounding to hear the liberals of 1976 campaigning on Barry Goldwater's 1964 speeches[6] (FDR's political trickery of 1932?). Furthermore, according to the latest Gallup poll, "the public is overwhelmingly in favor of introducing instruction in morals and moral behavior in the nation's public schools."[7]

America *is* at the crossroads and the near future may determine whether we retain any notable semblance to what we were.

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Fault, No-fault, Justice and Patient Safety

TO THE EDITOR: Many Americans, eager to "initiate" tort reform and solve the problem of how to compensate the "no negligence" medical liability case, still behave like isolationists. While we talk about no-fault medical liability insurance, New Zealand has already put such a system into effect. While Californians now plan the "first" commission to determine the medical malpractice universe, the French have annually defined theirs, subclassifying it according to specialty. Currently, for example, the 60 cases per year of medical malpractice affecting French anesthesiologists represent only 5 percent of the total number of potentially compensable anesthetic accidents recorded by Le Sou Médical, the largest French medical liability insurance company.

It thus might do us some good to look at how other nations approach this international problem. According to reports presented at the World Medical Association meeting in Paris, March 1975, for example, the Japanese have worked out an intriguing compromise between fault and no-fault insurance. Since 1973, if the Japanese physician is found to be at fault, he must pay up to

the first million yen out of his own pocket. He cannot have insurance for this risk, although he is covered for amounts over this. (If no fault is found, presumably the government pays.) In this system, the local medical societies first review all cases in their own Dispute Settlement Committee. The briefs are then studied by the Survey Committee of the Japanese Medical Association and the Tokyo Marine Insurance Company, the most important of the four companies in Japan that share responsibility for malpractice insurance. The cases are then sent to a Deliberation Council, composed of leading physicians and lawyers. Its decisions are usually respected by the insurance companies and physicians. In the event of a frivolous case, a law suit is always sought. This discourages those who would abuse the system by trying to get an easy, out-of-court settlement.

Perhaps a similar compromise between fault and no-fault liability insurance will best balance justice with patient safety and security in America.

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Certification of Physicians' Assistants

TO THE EDITOR: I am writing in reference to the article on physician's assistants that appeared in the March issue [Oseran LS: Physician's assistants in California—A Socioeconomic Report of the Bureau of Research and Planning of the California Medical Association (The Health Care Team). West J Med 124:258-263, Mar 1976], and specifically a statement which appears on page 261 of that article. It reads, "To receive approval for practice in California, a PA must 'successfully complete' the Primary Care Physician's Assistant Examination developed jointly by the National Board of Medical Examiners and the American Medical Association in 1972, and administered by the National Board."

Currently, and since 1975, the National Commission on Certification of Physician's Assistants has been responsible for administration of that examination, and in subcontract to the National Board of Medical Examiners carries out that task.

We appreciate your help in correcting the error, and will be glad to offer any further information if needed.

HENRY R. DATELLE
Assistant Director
National Commission on Certification of Physician's Assistants
Atlanta

Our Far Flung Readers

TO THE EDITOR: I am writing you from the upper Amazon Valley where I am working among the head-hunting Shuar Indians. Our dispensary is far from any medical library or other source of medical information.

I tell you all this because I am in desperate need of keeping up-to-date. I remember seeing in some medical libraries copies of THE WESTERN JOURNAL OF MEDICINE. Could you send me a sample copy and information relative to a subscription?

THOMAS BROWN, MD
Medical Director
Dispensario Medico
Mision Salesiana Sevilla Don Bosco
Morona-Santiago, Ecuador

The Swine Influenza Controversy

TO THE EDITOR: The current crisis generated by the possible occurrence of the A/1918/swine/New Jersey influenza outbreak this fall and winter borders on the ridiculous. I cannot imagine what combination of factors has contributed to the government endorsed and sponsored program to inoculate the entire United States population, but we are ignoring many facts which may make this go down in history as a massive boondoggle. The effort will be expensive, will result in unnecessary illness from the vaccine itself, and is, ultimately, without real medical justification, no matter what names are behind the project.

As we in medical practice know, the "flu" is not a killer. The 548,000 flu-related deaths in the United States during the 1917 through 1919 epidemic were due—as have been all flu-related deaths since—to complications, mainly bronchopneumonia, lobar pneumonia, viral pneumonia and other forms of lower respiratory-tract infection. As we also know, a patient with multiple chronic diseases (such as chronic obstructive lung disease, congestive heart failure, diabetes) is extremely vulnerable to secondary infection of any type. When these patients contract an influenza-like illness, it often tips the scales and throws them out of control. It is for this reason that we as physicians have been giving such high-risk patients annual influenza inoculations. Of course, we cannot always anticipate what influenza will strike our community, and thus the antigen-